Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending 12/31/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the first return/report the final return/report **B** This return/report is an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit KRISTINE J YOON LIN DDS MS 401K PSP plan number (PN) ▶ 001 1c Effective date of plan 01/01/2008 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) **2b** Employer Identification Number KRISTINE J YOON LIN, DDS MS PLLC 20-8922510 (EIN) Sponsor's telephone number 206-383-8008 2555 MEDINA CIRCLE **MEDINA, WA 98039** Business code (see instructions) 621210 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN Total number of participants at the beginning of the plan year 5a 5 **b** Total number of participants at the end of the plan year..... 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 3 d(2) Total number of active participants at the end of the plan year..... 5d(2) e Number of participants that terminated employment during the plan year with accrued benefits that were 5e less than 100% vested. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete Filed with authorized/valid electronic signature 09/14/2015 KRISTINE J YOON LIN **SIGN HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN **HERE** Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor

Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)

Preparer's telephone number (optional)

	Form 5500-SF 2014		Page 2				
b .	Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a few you answered "No" to either line 6a or line 6b, the plan cannot be a continuous control of the plan cannot	an indepe and condi ot use Fo	ndent qualified public accounta tions.) orm 5500-SF and must instead	nt (IQ	PA) Form	5500.	Xes No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40)21)? .		Yes	No Not determined
Par	III Financial Information						
<u>7</u> I	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year
<u>a</u>	Total plan assets	7a	6325	527	-		697384
	Total plan liabilities	7b					
	Net plan assets (subtract line 7b from line 7a)	7c	6325	27			697384
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from: 1) Employers	8a(1)	406	664			
	2) Participants	8a(2)	184	189			
	3) Others (including rollovers)	8a(3)					
-	Other income (loss)	8b	79	996			
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					67149
	Benefits paid (including direct rollovers and insurance premiums						
t	o provide benefits)	8d	22	292			
е (Certain deemed and/or corrective distributions (see instructions)	8e					
<u>f</u> /	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					2292
	Net income (loss) (subtract line 8h from line 8c)	8i					64857
<u>j</u> .	Fransfers to (from) the plan (see instructions)	8j					
	If the plan provides pension benefits, enter the applicable pension to 2E 2J 2K 3B 3D If the plan provides welfare benefits, enter the applicable welfare fellows Compliance Questions						
10	During the plan year:				Yes	No	Amount
а b	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)					X	
	on line 10a.)			10b		X	
С	Was the plan covered by a fidelity bond?			10c	X		75000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			10d		X	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)			10e		X	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year	end.)	10q	X		5992
h	·	an individual account plan, was there a blackout period? (See instructions and 29 CFR 01-3.)				X	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year from	om Sched	dule SB (Form 5500) line 39			11a	
12	Is this a defined contribution plan subject to the minimum funding			or se	ction	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	-			, and 6	enter th Day	

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lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to lin	e 13.				
b	Enter the minimum required contribution for this plan year			12b			
С	Enter the amount contributed by the employer to the plan for this plan year			12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)			12d			
е	Will the minimum funding amount reported on line 12d be met by the funding	deadline?			Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?			Y	es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer the	nis year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		•	ontrol		Yes	(No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	in to another plan(s), ide	ntify the plan(s) to)			
1	3c(1) Name of plan(s):		130	c(2) EI	N(s)	13c(3) P	N(s)
			1			l	

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

2014 Form 5500-SF e-file Signature Authorization

Kristine J Yoon Lin, DDS MS PLLC Kristine J Yoon Lin DDS MS 401k PSP 001 2555 Medina Circle Medina, WA 98039

Employer Identification Number: 20-8922510

Client Identification Number: 24001

You, as plan administrator, are authorizing that Martin Boyle PLLC electronically file the 2014 Form 5500-SF for Kristine J Yoon Lin DDS MS 401k PSP as an EFAST2 Service Provider.

Authorization

As plan administrator for Kristine J Yoon Lin DDS MS 401k PSP, I authorize Martin Boyle PLLC to electronically file Form 5500-SF for the tax year 2014. I understand that a PDF copy of the first two pages of the manually signed form will be submitted to EFAST2 with the electronic file, and that the image of my signature will be included with the rest of the return / report posted by the Department of Labor on the internet for public disclosure.

Please sign and date below:

Plan Administrator Authorization - All Jan

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Form 5500-SF	Short Form Annual F	Return/Report Benefit Plan	of Small Emplo	yee	OMB Nos.	1210-0110 1210-0089			
Internal Revenue Service Department of Labor	This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal				2014				
Employee Benefite Security Administration Revenue Code (the Code).				l l	s Form is O	pen to			
Pension Benefit Guaranty Corporation	Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF				Dublic Issued				
Part Annual Report I	dentification Information								
For calendar plan year 2014 or fisca		an an	d ending						
A This return/report is for:	a single-emptoyer plan	a multiple-employer	plan (not multiemployer)						
	a one-participant plan	a foreign plan							
B This return/report is:	• —	the final return/report a short plan year ret	t um/report (less than 12 n	ronths)					
	special extension (enter description			☐ DFVC	program				
	mation—enter all requested info	rmation		45					
1a Name of plan	in DDS MS 401k PSP			1b	Three-digit plan number (PN)	1			
tarbuild o room a	III DDO MO TOIR IDE			10	Effective da				
					01/01/2				
2a Plan sponsor's name and add Kristine J Yoon Lim	ress; include room or suite number n., DDS MS PLLC	(employer, if for a s	Ingle-employer plan)	2b	Employer Identi (EIN) 20-E				
2555 Medina Circle				2c	Sponsor's teleph 206-383				
				2d	Business code ((sae instr.)			
Medina	WA 98039				621210				
3a Plan administrator's name and	d address 🗶 Same as Plan Spon	sor.		3b	Administrate	ors EIN			
				30	Administrato telephone				
4 If the name and/or EIN of the plan	sponsor has changed since the last retur	n/report filed for this plan	n, enter the name, EIN,	4b	EIN	_			
and the plan number from the last	-	<u>.</u>		4c	PN	***			
5a Total number of participants a	t the beginning of the plan year		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5a					
b Total number of participants a	t the end of the plan year		bonefit plane de met	5b					
and the second second	count balances as of the end of the			5c					
	cipants at the baginning of the plan	уөаг		5d(1)					
d(2) Total number of active partic	cipants at the end of the plan year			5d(2)					
	rminated employment during the pla	an year with accrued	benefits that were	5e	1	,			
less than 100% vested Caution: A penalty for the late or	Incomplete filling of this returning			ause is establic					
Under penalties of perjury and other Schedule SB or Schedule MB comp	penalties set forth in the instruction	ns, I declare that I ha	ave examined this return/	report, including	, if applicable				
knowledge and belief it is tour con	ect, and complete.								
SIGN		09/14/2015	Kristine J Yo						
HERE Signature of plan adm	linistrator	Date	Enter name of individua	ai signing as pla	in administrat	ior			
SIGN Signature of employer	r/plan sponsor	Date	Enter name of individua	al signing as em	ployer or pla	n sponsor			
Preparer's name (including firm name				Preparer's telept					
			***	er og at kant i fra til fra fra fra skrivet fra det fra fra fra skrivet fra fra fra fra fra fra fra fra fra fr Der franklige fra	Salah Sa	STEELING V			

24001 09/14/2015 11:13 AM Kristine J Yoon Lin, DDS MS PLLC 20-8922510 Page 2-Form 5500-SF 2014 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes No Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) X Yes No If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Ye\$ No Not determined Part III Financial Information (a) Beginning of Year Plan Assets and Liabilities (b) End of Year 697384 Total plan assets 7а 632527 а b Total plan liabilities 7b Net plan assets (subtract line 7b from line 7a) 7¢ 632527 697384 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total Contributions received or receivable from: 40,664 8a(1) 18,489 (2) Participants 8a(2) (3) Others (including rollovers) 8a(3) 7,996 Other income (loss) 86 Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b) 67,149 8c Benefits paid (including direct rollovers and insurance premiums 8d 2,292 to provide benefits) е Certain deemed and/or corrective distributions (see instructions) 8e Administrative service providers (salaries, fees, commissions). 8f 8g Other expenses 8h 2,292 Total expenses (add lines 8d, 8e, 8f, and 8g) ... 8i 64,857 Net income (loss) (subtract line 8h from line 8c) ... 8) Transfers to (from) the plan (see instructions) Part IV Plan Characteristics 9a I If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 2K 3B 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions During the plan year: Yes No Amount Was there a failure to transmit to the plan any participant contributions within the time period described in X 10a 29 CFR 2510.3-102? (See instructions and DQL's Voluntary Fiduciary Correction Program) Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported х 10b $\overline{\mathbf{x}}$ 75000 Was the plan covered by a fidelity bond? 10c Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud x or dishonesty?. 10d Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the banefits under the plan? (See х 10e Х 10f Has the plan failed to provide any benefit when due under the plan? х 5992 Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h х If 10h was answered "Yes," check the box if you either provided the required notice or one of the ine philosophe se exceptions to providing the notice applied under 29 CFR 2520.101-3 Pension Funding Compliance is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB Yes No Form 5500) and line 11a below). Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a 11a Yes X No Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.

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Kri	stine J Yoon Lin, DDS MS PLLC 20-8922510 Form 5500-SF 2014	Page 3-						
If vo	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to I	line 13.		_				
b	Enter the minimum required contribution for this plan year		1	2b				
					_			
С	Enter the amount contributed by the employer to the plan for this plan year		12	2c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to	o the left of a	Т					
	negative amount)		1:	2đ				
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Щ	\perp	Yes	Ш	Νo	N/A
Part	VIII Plan Terminations and Transfers of Assets			_				
13a	Has a resolution to terminate the plan been adopted in any plan year?		Щ	丄	Yes	X	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		1	3a	igspace			
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the confidence of the PBGC?							Yes	X No
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), i which assets or liabilities were transferred. (See instructions.)	identify the plan(s) t	2					
1	3c(1) Name of plan(s):	13c(2)	EIN	(5)		13	c(3)	PN(s)
Part	VIII Trust Information (optional)							
14a Name of trust 14b Tro			usts	Ell	N			